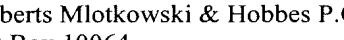


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/501,537
		<b>Filing Date</b> 10-22-2004
		<b>First Named Inventor</b> Istvan KNOLL et al.
		<b>Group Art Unit</b> 3744
		<b>Examiner</b> Mohammad M. Ali
<b>Total Number of Pages in This Submission</b>	<b>7</b>	<b>Attorney Docket Number</b> 742111-159

ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53					
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<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>					
<table border="1"> <tr> <td>Remarks</td> <td colspan="2"> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.         </td> </tr> </table>			Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.	
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.				

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm <i>or</i> Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. PO Box 10064 McLean, VA 22102
Signature	
Date	March 11, 2008

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

**Firm  
or  
Individual name** **David S. Safran, Reg. No. 27,997  
Roberts Mlotkowski & Hobbes P.C.  
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CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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